Application or Docket Number

09/847935

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

(Column 1) (Column 2)							SMALL ENTITY TYPE			OR	OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			44					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	\$375	OR		\$750
TOTAL CHARGEABLE CLAIMS			minus 20= * 🗲		* I	4		X\$ Q =		OR	50 X\$ 18 =	1250
INDEPENDENT CLAIMS			minus 3 = *			9		100		OR	260 X 84 =	400
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					/80 + 140 =		OR	360 + 280 =	700
* If	the difference	in column 1 is	less than ze	s than zero, enter "0" in column 2			i	TOTAL		OR	TOTAL	1650
CLAIMS AS AMENDED - PART II											OTHER	
	and the second of the second o	(Column 1)	(Column 2) ((Column 3)	<u> </u>			OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent + Minus		<u> </u>	***		=		X42=	•	OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	(
								TOTAL ADDIT FEE	7	OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colun	nn 2)	(Column 3)		DOM: LE				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER USLY	PRESENT EXTRA	18.8	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus :				1	X\$ 9=		ÓŘ	X\$18≘-'	
	Independent		Minus	***				X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140≡		SD.	+280 =	
							1			OR	TOTAL	
							7	TOTAL ADDIT: FEE		OR	ADDIT, FEE	
		(Column 1) CLAIMS		(Colun		(Column 3)		7	State - Carlo			
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVICE PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	ľ	X42=	·	OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1			OH		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											TOTAL ADDIT. FEE	
		mber Previously Pa					er fou	nd in the app	ropriate box	in col	lumn 1.	